REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE	. F	RECEIVED RAL ELECTION
(Summary Page)	<u> </u>	SION MAIL ROOM
1. NAME OF COMMITTEE (in full)		32104 HAIC MAA
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXP		
ADDRESS (number and street) Check if different than previous	oly reported [][][]	2) ECTOENTIFICATION NUM
320 FIRST STREET, S.E.		C 00075820
CITY,STATE and ZIP CODE		3. This committee qualifie
WASHINGTON, D.C. 20003		a multicandidate committee.
·		(See FEC FORM 1M)
4. TYPE OF REPORT		
(a)		
April 15 Quarterly Report	Monthly Report Due	
	Feb 20 June 20	October 20
July 15 Quarterly Report	Manch 20July 20	November 20
	April 20Aug 20	Decamber 20
October 15 Quarterly Report	May 20 ∑Sept 20	January 31
Jenuary 31 Year End Report	Twelfth day report preced	
		(Type Of Election)
July 31 Mid Year Report (Non-election Year Only)	election on	To etata entini
	Third sets down mond Follows	ing the General Election on
Termination Report	Hittletir and Labout Johns	ING the Celebra Election on
	in the State of	
(b) Is this Report an Amendment? 🔀 Yes 🔲 NO		
<u> </u>	COLUMN A	COLUMN B
SUMMARY 5 Covering Perio <u>d 8-1-99</u> through <u>8-31-99</u>	This Period	Celendar Year-to-Date
		\$537,905.32
s (a) Cash on Hand January 1, 1999	CH PHA	φ531,200.02 I
(b) Cash on Hand at Beginning of Reporting Period	\$754,120.52	Salt Salt Salt Salt Salt Salt Salt Salt
(b) Cash on Hand at Beginning of Reporting Period		NO. 225. No. 200. A 60. No. 5
(c) Total Receipts (from Line 19)	\$3,024,943.16	\$24,001,315.53
10015 Ochum 6	\$3,779,063.68	\$24,539,220.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A	40,770,000.00	V
and Lines 6(a) and 6(c) for Column B)	 -	
7 Total Disbursements (from Line 30)	\$3,107 <u>,527</u> .91	\$23,867,685.08
		\$671,535.77
a Cash on Hand at Close of Reporting Period (line 7 fm Line 6	WO 1,000.71	For further Information conf
g Debts and Obligations Owed TO the Committee	\$0.00	1
(Itemize all on Schedule C and/or Schedule D)	, φ υ.υι	959 E Street, NW
10 Debts and Obligations Owed BY the Committee	PO 01	
(Itemize all on Schedule C and/or Schedule D)	\$0.00	
I certify that I have examined this Report and to the best of my knowledge and helief it is true, correct		To 2 Free 800-424-8530
and complete.		Local 202-219-3420
Type or Print Name of Treasurer		
DONNA M. ANDERSON		Date
Signature of Treasurer		2/16/00
Down M. anderson		
NOTE:Submission of false, erroneous, or incomplete infromation may subject to	ve person signing this Repo	rt to the Penalties of 2 U.S.C. Se
	<u> </u>	FEC FORM 3X
		(revised 9/93)